

County: Oneida

Facility ID: 4670

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HORIZONS UNLIMITED

902 BOYCE DRIVE, P. O. BOX 857

RHINELANDER 54501 Phone: (715) 365-6900

Operated from 1/1 To 12/31 Days of Operation: 365

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/03): 83

Total Licensed Bed Capacity (12/31/03): 83

Number of Residents on 12/31/03: 81

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified?

Title 19 (Medicaid) Certified?

Average Daily Census:

Corporation

FDDs

No

No

Yes

86

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/03)				Length of Stay (12/31/03)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		0.0
Supp. Home Care-Personal Care	No					1 - 4 Years		2.5
Supp. Home Care-Household Services	No	Developmental Disabilities	100.0	Under 65	77.8	More Than 4 Years		97.5
Day Services	Yes	Mental Illness (Org./Psy)	0.0	65 - 74	17.3			-----
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	4.9			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	0.0	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	0.0	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.0		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/03)		
Other Meals	No	Cardiovascular	0.0	65 & Over	22.2	-----		
Transportation	No	Cerebrovascular	0.0		-----	RNs		5.9
Referral Service	Yes	Diabetes	0.0	Gender	%	LPNs		4.9
Other Services	No	Respiratory	0.0		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	0.0	Male	48.1	Aides, & Orderlies		
Mentally Ill	No		-----	Female	51.9			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	Yes				100.0			

Method of Reimbursement

		Medicare (Title 18)		Medicaid (Title 19)		Other		Private Pay		Family Care		Managed Care						Total Resi- dents	% Of All
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%		
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Dev. Disabled	---	---	---	81	100.0	238	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	81	100.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Total	0	0.0		81	100.0		0	0.0		0	0.0		0	0.0		0	0.0	81	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/03				
		-----			-----	
Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total Number of
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	0.0	45.7	54.3	81
Other Nursing Homes	0.0	Dressing	17.3	35.8	46.9	81
Acute Care Hospitals	0.0	Transferring	42.0	29.6	28.4	81
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	21.0	33.3	45.7	81
Rehabilitation Hospitals	0.0	Eating	17.3	49.4	33.3	81
Other Locations	100.0	*****				
Total Number of Admissions	1	Continence		%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter	1.2		Receiving Respiratory Care	6.2
Private Home/No Home Health	0.0	Occ/Freq. Incontinent of Bladder	79.0		Receiving Tracheostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontinent of Bowel	67.9		Receiving Suctioning	1.2
Other Nursing Homes	0.0				Receiving Ostomy Care	1.2
Acute Care Hospitals	0.0	Mobility			Receiving Tube Feeding	16.0
Psych. Hosp.-MR/DD Facilities	50.0	Physically Restrained	32.1		Receiving Mechanically Altered Diets	71.6
Rehabilitation Hospitals	0.0					
Other Locations	31.3	Skin Care			Other Resident Characteristics	
Deaths	18.8	With Pressure Sores	0.0		Have Advance Directives	1.2
Total Number of Discharges		With Rashes	3.7		Medications	
(Including Deaths)	16				Receiving Psychoactive Drugs	38.3

Selected Statistics: This FDD Facility Compared to Similar Facilities & Compared to All Facilities					

	This Facility	FDD Facilities		All Facilities	
	%	%	Ratio	%	Ratio

Occupancy Rate: Average Daily Census/Licensed Beds	97.1	89.6	1.08	87.4	1.11
Current Residents from In-County	8.6	33.5	0.26	76.7	0.11
Admissions from In-County, Still Residing	0.0	11.3	0.00	19.6	0.00
Admissions/Average Daily Census	1.2	21.3	0.05	141.3	0.01
Discharges/Average Daily Census	18.6	25.0	0.74	142.5	0.13
Discharges To Private Residence/Average Daily Census	0.0	11.4	0.00	61.6	0.00
Residents Receiving Skilled Care	0.0	0.0	0.00	88.1	0.00
Residents Aged 65 and Older	22.2	15.3	1.45	87.8	0.25
Title 19 (Medicaid) Funded Residents	100.0	99.3	1.01	65.9	1.52
Private Pay Funded Residents	0.0	0.5	0.00	21.0	0.00
Developmentally Disabled Residents	100.0	99.4	1.01	6.5	15.40
Mentally Ill Residents	0.0	0.3	0.00	33.6	0.00
General Medical Service Residents	0.0	0.3	0.00	20.6	0.00
Impaired ADL (Mean)*	61.5	53.1	1.16	49.4	1.24
Psychological Problems	38.3	50.1	0.76	57.4	0.67
Nursing Care Required (Mean)*	12.5	11.0	1.13	7.3	1.71